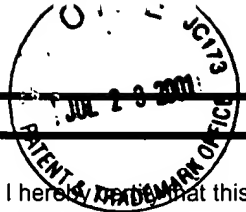


1617



CERTIFICATE OF MAILING

I hereby declare that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type) Donna Macedo Signature *Donna Macedo* Date 07-20-2001

Combined Transmittal and Fee Calculation Sheet

☒ Small Entity ☐ Large Entity

Application Number 09/582,964  
Confirmation Number n/a  
Filing Date July 6, 2000  
First Named Inventor Hoffman et al.  
Examiner R. Travers  
Group Art 1617  
Attorney Docket No. THUR001

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	17	27	0		\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.111	Independent	4	4	0		\$ -
<input checked="" type="checkbox"/> Pages 10	Multiple					
Total Extra Claim Fees						\$ -

☐ Extension of time from \_\_\_\_\_ to \_\_\_\_\_ Fee \_\_\_\_\_

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee Fee \_\_\_\_\_  
☐ Executed Declaration Pages \_\_\_\_\_ Surcharge Fee \_\_\_\_\_  
☐ Other \_\_\_\_\_ Fee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449 Pages \_\_\_\_\_  
☐ \_\_\_\_\_ Copies of Cited References  
☐ Other \_\_\_\_\_ Fee \_\_\_\_\_  
Subtotal \$ -

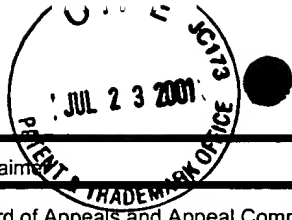
☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification  
☐ Paper Copy of Sequence Listing Pages \_\_\_\_\_  
☐ Diskette in computer-readable format  
☐ Other \_\_\_\_\_

RECEIVED

JUL 26 2001

TECH CENTER 1600/2900



RECEIVED

JUL 26 2001 Fee

TECH CENTER 1600/2900

<input type="checkbox"/> Terminal Disclaimer					
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group					
<input type="checkbox"/> Notice of Appeal	Pages			Fee	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages			Fee	
<input type="checkbox"/> Reply Brief	Pages			Fee	\$ -
				Subtotal	\$ -
<input type="checkbox"/> Other Enclosures and/or Fees				Fee	
<input type="checkbox"/> Change of Correspondence Address					
<input checked="" type="checkbox"/> Return Receipt Postcard				TOTAL FEES	\$ -

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. ~~And duplicate copy of this form with the amount paid.~~

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

Name (Print/Type)	Bret E. Field			Registration No.	37,620
Signature				Date	07-20-2001
Firm Name	Bozicevic, Field & Francis LLP		Address	200 Middlefield Road, Suite 200	
City	Menlo Park	State	California	zip	94025
Telephone - Direct Dial	650-833-7770		Facsimile	650-327-3231	

Application No. 09/582,964 Attorney Docket No. THUR001 Page 2 of 2